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| APPLICATION NO.  | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |  |
|--|-------------|----------------------|---------------------|------------------|--|--|
| 09/788,545   | 02/21/2001  | Michael Orr          | P-3059-US           | 5618             |  |  |
| 35856 7590 07/20/2012<br>SMITH RISLEY TEMPEL SANTOS LLC<br>Two Ravinia Drive<br>Suite 700<br>ATLANTA, GA 30346 |             |                      | EXAM                | EXAMINER         |  |  |
|  |             |                      | REFAL RAMSEY        |                  |  |  |
|  |             |                      | ART UNIT            | PAPER NUMBER     |  |  |
|  |             |                      | 3627                |                  |  |  |
|  |             |                      |                     |                  |  |  |
|  |             |                      | MAIL DATE           | DELIVERY MODE    |  |  |
|  |             |                      | 07/20/2012          | PAPER            |  |  |

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



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Alexandria, Virginia 22313-1450

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|------------------|-------------------|-------------------------|---------------------|
| CONTROL NO.      |                   | PATENT IN REEXAMINATION |                     |
| 09/788.545       | 21 February, 2001 | ORR ET AL.              | P-3059-US           |

|   |  | EXAMINER     |          |
|---|--|--------------|----------|
| SMITH RISLEY TEMPEL SANTOS LLC<br>Two Ravinia Drive |  | RAMSEY REFAI |          |
| Suite 700<br>ATLANTA, GA 30346                      |  | ART UNIT     | PAPER    |
|   |  | 3627         | 20120719 |

DATE MAILED:

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Commissioner for Patents

| The IDS filed June 7, 2004 has been considered. No action is required by the Applicant. |                                 |  |  |
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|   | /Ramsey Refai/                  |  |  |
|   | Primary Éxaminer, Art Unit 3627 |  |  |
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PTO-90C (Rev.04-03)